



Bib Data Sheet


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SERIAL NUMBER 09/493,903	FILING DATE 01/28/2000 RULE -	CLASS 708	GROUP ART UNIT 2787	ATTORNEY DOCKET NO. 00034	
APPLICANTS Jay McCormack, Pittsburgh, PA ; Jonathan Cagan, Pittsburgh, PA ; ** CONTINUING DATA ***** <i>NO</i> ** FOREIGN APPLICATIONS ***** <i>ECS</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/27/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
ADDRESS Mark G. Knedeisen Kirkpatrick & Lockhart LLP Henry W. Oliver Building 535 Smithfield Street Pittsburgh, PA 15222-2312					
TITLE Parametric shape grammer interpreter					
FILING FEE RECEIVED 769	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2805

SERIAL NUMBER 09/493,903	FILING DATE 01/28/2000 RULE	CLASS 345	GROUP ART UNIT 2671	ATTORNEY DOCKET NO. 00034	
APPLICANTS Jay McCormack, Pittsburgh, PA; Jonathan Cagan, Pittsburgh, PA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/27/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
ADDRESS Edward L Pencoske Esquire Thorp Reed & Armstrong One Oxford Centre 301 Grant Street Pittsburgh ,PA 15219-1425					
TITLE Parametric shape grammar interpreter					
FILING FEE RECEIVED 769	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		